

NEBRASKA DEPARTMENT OF ENVIRONMENTAL QUALITY
 AGRICULTURE SECTION * 1200 N STREET, SUITE 400 * LINCOLN, NE 68509-8922 *
 TEL: (402)471-4239 * FAX: (402) 471-2909 * WEB SITE: www.ndeq.state.ne.us

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IIS # _____

FORM B

☐ APPLICATION FOR CONSTRUCTION APPROVAL☐ APPLICATION FOR INDIVIDUAL PERMIT☐ APPLICATION FOR MAJOR MODIFICATION☐ REQUEST FOR COVERAGE UNDER GENERAL PERMIT

(PLEASE PRINT OR TYPE ALL INFORMATION)

APPLICANT INFORMATION:

Name of Applicant _____

Address of Applicant _____
Street, Rural Route or P.O. Box *City* *State* *Zip*Phone No(s). (____) _____ (____) _____ (____) _____
(Work) *(Home)* *(Other – Cell, Fax, etc.)*

OPERATION INFORMATION:

Name of Animal Feeding Operation _____

Address of Operation _____
Street, Rural Route or P.O. Box *City* *State* *Zip*Phone No(s). of Operation (____) _____ (____) _____
Main Number *(Other – Cell, Fax, etc.)*Legal Description _____, _____, _____ N _____ E or _____ W _____ County
1/4 1/4, Section Township Range

Latitude _____° _____' _____" Longitude _____° _____' _____"

(NOTE: Latitude and longitude should be for the main entrance to the animal feeding operation from the public road.)

Is the operation: ☐ Existing ☐ Proposed ☐ Expanding Existing ☐ Other _____

LIVESTOCK _____ lbs. ☐ Existing ☐ Proposed
(Capacity #s) *Number* *Species (Cattle, Dairy, Swine, etc.)* *Avg. Weight*

Indicate number of existing animals separately from proposed numbers _____ lbs. ☐ Existing ☐ Proposed
Number *Species (Cattle, Dairy, Swine, etc.)* *Avg. Weight*

_____ lbs. ☐ Existing ☐ Proposed
Number *Species (Cattle, Dairy, Swine, etc.)* *Avg. Weight*

---Seal of Professional Engineer---
 (if required)

---For DEQ Office Use Only---

TECHNICAL ADVISOR INFORMATION

Name of Advisor _____ Title/Designation _____

Company _____

Street Address _____ City/State/Zip _____

Phone (____) _____ (Work) (____) _____ (Other: Cell, Fax, etc.)

AS REQUIRED BY TITLE 130, THE FOLLOWING IS INCLUDED WITH THIS FORM:

- ☐ Appropriate Fee (\$200)
- ☐ Applicant Disclosure (Appendix D)
- ☐ Completed Nutrient Management Plan and Supporting Documentation (See Title 130, Chapter 14)
- ☐ Best Management Practices Plan to Minimize Odors (if required)
- ☐ Approval Documentation from Department of Natural Resources (if required)
- ☐ Description of Construction Methods (if required) – See Title 130, Ch. 4
- ☐ Detailed Construction Quality Assurance Plan (if required) – See Title 130, Ch. 4
- ☐ Supporting Geotechnical Reports (if required) – See Title 130, Ch. 4
- ☐ Additional Information (as required): _____

CERTIFICATION

Applicant:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this Form B and all attachments. Based on my inquiry of those persons immediately responsible for obtaining the information, I certify that the information is true, accurate and complete to the best of my knowledge and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Further, I certify that, under the laws of the State of Nebraska, I have the authority to sign on behalf of the animal feeding operation for which this form is being submitted.

Printed or Typed Name of Authorized Representative

Signature of Authorized Representative

Date of Signature

Technical Advisor:

I certify that the design of the livestock waste control facility meets the minimum requirements as outlined in NDEQ Title 130, “Livestock Waste Control Regulations.”

Signature of Technical Advisor or Professional Engineer

Date of Signature